



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

will have been the bringing of teaching of elementary nursing into the home and in the school.

While thousands of certificates have been given, throughout the country, to those women and girls who have completed the course, there are still as many thousands who did not take the full course and many who did not take the examination, but who can say how much information has fallen on fertile ground? We know of many, many women who have left little children at home with fathers to attend evening classes, many who have brought little children with them, many who have come miles over the hardest kind of roads but who even then have failed to attend the twelve lectures necessary before taking the examination, but such desire for nursing knowledge is bound to count even if not shown in "number of certificates issued."

And so when we know these things and hear that a rich woman living in a somewhat isolated town, said to one of our former instructors, "I was forced to nurse my child myself, and all I learned from you simply had to come into play and I know I saved his life"; when an instructor is begged to come back and see the new school house now completed; when former groups of women students are now on Committees for Public Health Nursing, and stand for community health and community betterment, not only in one Division, but in them all, we cannot too deeply appreciate the far reaching effort of "Home Hygiene and Care of the Sick"; daily we realize that the spirit of Jane Delano is abroad in the land.

DRESSING THE INDUSTRIAL INJURY CORRECTLY

BY VIRGINIA L. MONTGOMERY, R.N.

Marcus Hook, Pennsylvania

THE accident in industry is necessarily accompanied by a certain amount of time lost from work. Every minute wasted is an economic loss to both the employer and the employee, which evidences itself materially in slender pay envelopes and decreased production. This loss of time may be largely governed by the skill and ingenuity of the dispensary personnel:—it may be increased by the improper application of the industrial dressing, which differs from the ordinary "hospital case" dressing, or it may be reduced to a minimum by study of conditions and thought.

The dressing of major injuries and those requiring hospitalization with its lengthened period of time lost, are treated in the same

manner as the ordinary hospital case, but in the event of minor injury to factory employees, the treatment and dressing differ markedly from hospital routine. This furnishes an interesting branch of industrial nursing technique which heretofore has not been exhaustively studied. Industry recognizes another factor of equal importance to the rapid healing of the wound proper,—the prevention of excess time wasted in numerous trips to the dispensary for unnecessary re-dressings. In the ordinary accident the only time lost should be that consumed in making a daily visit to the dispensary for a fresh dressing, and this should be applied by a nurse or a skilled attendant who is especially qualified for this highly specialized work.

The ideal industrial dressing for minor wounds should, first of all, be neat. This does not necessarily mean that every fold must be measured, every turn a model of perfection, but it should be as nicely applied as possible, eliminating waste of material and fitting snugly. It should be practical. By this I mean it must be neither too bulky nor too scant in proportion. The nurse fresh from her hospital training is apt to find this happy medium difficult to acquire. She has been accustomed not only to protecting the wound proper but, in addition, a comfortable margin around it, making a sort of "no trespassing" area for germs. This necessitated a fairly bulky bandage and the average workman detests the clumsy, extensive dressing. So at the first opportunity he usually relieves himself of about two-thirds of it. This may afford temporary relief but eventual re-infection perhaps, with its friend "lost time" playing the accompaniment. Thus one may readily understand the importance of good judgment in the proper size of the dressing.

Next, the wound must be adequately protected from infection at all times. Every graduate nurse should be sufficiently skilled in dressing injuries to determine this with comparative ease. Then the bandage must be applied so as to render the least possible hindrance to the workman in the pursuit of his duties. This requires a minute study of the individual occupations and the conditions under which labor is performed. At the earliest opportunity, the nurse should acquaint herself with the individual plant operations and she should be prepared to render intelligent service because of this knowledge. For example, the lacerated finger of a stenographer would require an altogether different bandage from the similarly lacerated finger of a truck driver or a fireman. One needs a small, compact dressing in order to manipulate the keys of her typewriter or handle a pencil, the others require a well padded dressing that it may be a protection from knocks and bruises. A plain roller bandage would do for both, but the laborer needs small strips of adhesive plaster

fastened to the top and bottom of his bandage to further aid in keeping it in place. Perhaps the nurse would take an additional turn or two over the whole thing which could be removed at night when the man returned home, and thus leave the under dressing clean. This double dressing is practically indispensable to mechanics, painters and laborers who quickly soil the outer layers of bandage on contact with oils, tools and such things.

Last, but not least, the dressing must stay in place in spite of any manipulation. This calls for the greatest amount of skill on the nurse's part to fit the dressing to the work, and have it conform to all the other rules of the game. It is an entirely different proposition to bandage a wound subject to the constant friction of machinery, the wear and tear of pick or shovel, immersion in dirty greases and oils and the like, from the average wound treated in a hospital. For in addition to this, the confidence of the workman in the dispensary personnel (which is no small item) is vastly increased by a business-like bandage which does not interfere with any manipulation.

The nurse's best friend is the common "garden variety" zinc-oxide adhesive plaster. With it she can invent many ingenious devices for applying dressings to the wounds that are so difficult to bandage in a manner satisfactory to all. Often by bridging an injury with a slender strip of adhesive, suturing may be dispensed with, to the great satisfaction of the average workman who has an instinctive dread of the surgeon's needles.

Finger cots are used extensively in some plants, and acid proof as well as grease proof protectors of this type are of undisputed value. The use of black bandages is limited somewhat by the fact that they do not show signs of soiling, and a busy workman not realizing the importance of fresh daily dressings will be loath to take time for it when he sees no external signs of such necessity. A bandage is a little thing, but of great importance to industry, and the science of its proper application is worthy of all the efforts of the industrial nurse if she would become of greatest value to her employer.

THE SHEPHERD-TOWNER ("MATERNITY") BILL SIGNED, NOVEMBER 23

A board of maternity and infant hygiene is created, consisting of the Chief of the Children's Bureau, the Surgeon General of the United States Public Health Service and the United States Commissioner of Education. The Children's Bureau is charged with the administration of the act. An initial grant of \$10,000 is provided for all states and provision is made for further growth covering a period of five years, under carefully stipulated safeguards.